

# Coventry Health Care of Missouri: MoDOT/MSHP Medicare Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2014-12/31/2014

Coverage for: Employee | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com) or by calling 1-800-627-6406.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	Medicare Assigned Claims: \$450 Medicare Non-Assigned Claims: \$450 Does not apply to preventive care. Medicare Non-Covered Claims for Services the Plan Covers: \$450	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductibles</u> .
Are there other <b>deductibles</b> for specific services?	Yes. Private Duty Nursing: \$50 Pharmacy: \$100	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for services.
Is there an <b>out-of-pocket limit</b> on my expenses?	Medicare Claims: \$450 Medicare Non-Covered Claims for Services the Plan Covers: In-Network: \$1,600; Out-of-Network (OON): \$2,425	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Pharmacy cost shares, costs above the allowed amount, non-covered services and supplies, utilization review penalties	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <b>network of providers</b> ?	Yes. For a list of participating providers, see <a href="http://www.modot-mshp-cvty.com">www.modot-mshp-cvty.com</a> or call 1-800-627-6406 (medical) or 1-877-235-1981 (pharmacy).	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <b>specialist</b> ?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-1981 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use preferred **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you visit a health care <b>provider's</b> office or clinic	Primary care visit to treat an injury or illness	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 0% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	None
	Specialist visit			None
	Other practitioner office visit	0% co-insurance	Medicare Non-Covered Claims: Not covered	None
	Preventive care/screening/immunization			None
If you have a test	Diagnostic test (x-ray, blood work)	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% coinsurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization may be required.
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition	Generic drugs	30% co-insurance with a minimum \$5 co-pay/script	Not Covered	Pharmacy deductible applies. Certain drugs require step therapy, quantity limits, and/or prior authorization. Some drugs are excluded from coverage.

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

# Coventry Health Care of Missouri: MoDOT/MSHP Medicare Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2014-12/31/2014

Coverage for: Employee | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
More information about <b>prescription drug coverage</b> is available at <a href="http://www.catamaranrx.com">www.catamaranrx.com</a>	Preferred brand drugs	30% co-insurance with a minimum \$5 co-pay/script	Not Covered	Pharmacy deductible applies. Certain drugs require step therapy, quantity limits, and/or prior authorization. Some drugs are excluded from coverage.
	Non-preferred brand drugs	50% co-insurance/script or 47.5 co-insurance/script in coverage gap		
	Specialty drugs	30% co-insurance with a minimum \$5 co-pay/script		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization is required.
	Physician/surgeon fees			
If you need immediate medical attention	Emergency room services	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: \$75 co-pay and 10% co-insurance	Medicare Non-Covered Claims: \$75 co-pay and 10% co-insurance	Must meet emergency criteria. Failure: Additional charges equal to 20% of the OON rate. Co-pay is waived if patient is admitted.
	Emergency medical transportation	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 10% co-insurance	Must meet emergency criteria.
	Urgent care	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 10% co-insurance	Must meet urgent care criteria. Failure: Additional charges equal to 20% of the OON rate.
If you have a hospital stay	Facility fee (e.g., hospital room)	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization is required unless Emergency admission. Failure: Additional charges equal to 20% of the OON rate up to \$1,000 penalty.
	Physician/surgeon fee			

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

# Coventry Health Care of Missouri: MoDOT/MSHP Medicare Plan

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 1/1/2014-12/31/2014

Coverage for: Employee | Plan Type: PPO

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization may be required.
	Mental/Behavioral health inpatient services	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization is required unless Emergency admission. Failure: Additional charges equal to 20% of the OON rate up to \$1,000 penalty.
	Substance use disorder outpatient services			Preauthorization may be required.
	Substance use disorder inpatient services			Preauthorization is required unless Emergency admission. Failure: Additional charges equal to 20% of the OON rate up to \$1,000 penalty.
If you are pregnant	Prenatal and postnatal care	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 0% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	None
	Delivery and all inpatient services			Preauthorization is required unless Emergency admission. Failure: Additional charges equal to 20% of the OON rate, up to \$1,000 penalty.
If you need help recovering or have other special health needs	Home health care	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization required.
	Rehabilitation services			Preauthorization is required. Limit: 60 visits/benefit year for physical, speech, and occupational therapies.
	Habilitation services			Preauthorization is required.
	Skilled nursing care			Preauthorization is required.
	Durable medical equipment	Medicare Claims: 0% co-insurance Medicare Non-Covered Claims: 10% co-insurance	Medicare Non-Covered Claims: 20% co-insurance	Preauthorization is required for medical equipment over \$1,000.
	Hospice service			Preauthorization is required.
If your child needs	Eye exam	Excluded Service		Excluded Service

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
dental or eye care	Glasses			
	Dental check-up			

### Excluded Services & Other Covered Services:

#### Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other **excluded services**.)

- Acupuncture
- Dental Care (Adult)
- Long-Term Care
- Bariatric Surgery
- Infertility Treatment
- Routine Eye Care (Adult)
- Cosmetic Surgery
- Weight Loss Programs
- Routine Foot Care

#### Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic Care
- Hearing Aids
- Non-Emergency Care when Traveling Outside the U.S
- Private Duty Nursing

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-627-6406. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

For group health coverage subject to ERISA, you may contact 1-800-627-6406. You may also contact, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform), or your state department of insurance at Illinois Department of

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

Insurance 320 W. Washington Street Springfield, IL 62767 Consumer Assistance Hotline: 866-445-5364 (Toll-Free) Email: DOI.InfoDesk@illinois.gov  
Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 66102-0690 800-726-7390 (Toll Free) E-mail: consumeraffairs@insurance.mo.gov.

For non-federal governmental group health plans and church plans that are group health plans, you may contact 1-800-755-3901 or your state department of insurance at Illinois Department of Insurance 320 W. Washington Street Springfield, IL 62767 Consumer Assistance Hotline: 866-445-5364 (Toll-Free) Email: DOI.InfoDesk@illinois.gov Missouri Department of Insurance P.O. Box 690 Jefferson City, MO 66102-0690 800-726-7390 (Toll Free) Email: consumeraffairs@insurance.mo.gov.

Additionally, a consumer assistance program can help you file your appeal. Contact Illinois Department of Insurance 320 W. Washington St, 4th Floor, Springfield, IL 62767 (877) 527-9431 <http://www.insurance.illinois.gov> DOI.Director@illinois.gov Missouri Department of Insurance 301 W. High Street, Room 830 Harry S. Truman State Office Building Jefferson City, MO 65101 (800) 726-7390 [www.insurance.mo.gov](http://www.insurance.mo.gov) consumeraffairs@insurance.mo.gov

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-627-4872.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-627-4872.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-627-4872.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 1-800-627-4872.

—————To see examples of how this plan might cover costs for a sample medical situation, see the next page.—————

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

### About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

#### Having a baby (normal delivery)

- Amount owed to providers: \$7,470
- Plan pays \$6,870
- Patient pays \$600

##### Sample care costs:

Hospital charges (mother)	\$2,715
Routine obstetric care	\$2,085
Hospital charges (baby)	\$852
Anesthesia	\$906
Laboratory tests	\$527
Prescriptions	\$173
Radiology	\$177
Vaccines, other preventive	\$35
<b>Total</b>	<b>\$7,470</b>

##### Patient pays:

Deductibles	\$450
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$600</b>

#### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,495
- Plan pays \$3,585
- Patient pays \$1,810

##### Sample care costs:

Prescriptions	\$2,890
Medical Equipment and Supplies	\$1,310
Office Visits and Procedures	\$725
Education	\$290
Laboratory tests	\$140
Vaccines, other preventive	\$140
<b>Total</b>	<b>\$5,495</b>

##### Patient pays:

Deductibles	\$450
Co-pays	\$0
Co-insurance	\$1,130
Limits or exclusions	\$230
<b>Total</b>	<b>\$1,810</b>

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your

**providers** charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

**Questions:** Call 1-800-627-6406 (medical) or 1-877-235-2013 (pharmacy) or visit us at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf> or call 1-800-627-6406 to request a copy.